

Julington Creek Plantation CDD 2012
Child Watch Registration Form

Child Information		
Child's Name _____		
(LAST NAME)		(FIRST NAME)
Address _____		Name of Subdivision _____
Date of Birth _____	Age _____	Sex _____

Parent Information		
Mother's Name _____		Father's Name _____
Mother's Address _____		Father's Address (if different) _____
Mother's Home Phone _____		Father's Home Phone _____
Mother's Day Time Phone _____		Father's Day Time Phone _____
Mother's Cell Phone _____		Father's Cell Phone _____
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<b>Person Permitted to Remove Child :</b>		<b>Legal Custody:</b>
Mother <input type="checkbox"/> Y <input type="checkbox"/> N and/or Father <input type="checkbox"/> Y <input type="checkbox"/> N		Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/>
Additional (see attached form) <input type="checkbox"/> Y <input type="checkbox"/> N		Legal Guardian <input type="checkbox"/>

<b>Emergency Information</b>		
Persons to be contacted in case of illness, accident or emergency if parents or guardian cannot be reached, and authorized to remove child from facility. <b>Identification will be required.</b>		
Name _____	Relation to Child _____	
Phone _____	Work _____	Cell _____
Name _____	Relation to Child _____	
Phone _____	Work _____	Cell _____
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Medical Insurance Carrier _____		Policy # _____
Physician _____		Phone _____ Preferred Hospital _____
Medication Taken _____		
Known allergies _____		
Other important medical information _____		
Please list any physical limitations _____		

All Program Fees Are Non-Refundable.	
I hereby agree to leave my child in Child Watch at the JCPCDD Recreation Center. Contingent upon which program my child is registered for, I shall provide any items such as snacks, lunch, diapers, etc. that my child will need for the duration of his/her stay while in Child Watch. I understand the fee is NON-REFUNDABLE and will not be pro-rated or transferred.	
Parent's Signature _____	Date _____

WAIVER

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give my permission for my child to be transported by the bus service secured by JCPCDD for related programs activities.

NAME OF APPLICANT/CHILD

SIGNATURE OF PARENT/GUARDIAN

DATE

Parent Pickup Authorization Form

Child's Name: _____

In the event of an **EMERGENCY** and I (parent or legal guardian) am unable to pick up my child, the following is a list of all possible persons permitted to check my child out from Child Watch. Any additions to this list must be made in person by the parent or legal guardian. You will need to present a driver's license to make changes.

We check ID at the time of checkout. Please inform all authorized persons of this policy.

1. _____
(Name) (Daytime/Cell Phone Number)

2. _____
(Name) (Daytime/Cell Phone Number)

Signature _____ Date _____

Print Name _____ Date _____

Julington Creek Plantation CDD
Behavior Policy

If your child should create a disturbance and become unmanageable, we will be required to have a parent or guardian pick up your child. Future attendance in Child Watch will be reviewed on a case-by-case basis by staff. There will be NO refunds if your child is released from any program.

The following is a section of the Julington Creek Plantation CDD waiver that you signed.

While the Julington Creek CDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD Programs. We strongly recommend that you discuss with the JCPCDD staff any special conditions of circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodations for your child.

Child's Name Parent's Signature Date

